

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016215

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 78

FILED APR 24 1962

## 1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN Hayti

Length of stay in 1b

3 hours

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION Pemiscot Co. Mem. Hosp.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pemiscot

c. CITY

OR  
TOWN Hayti

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

Rt. 1,

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Veaes Lavon DAVIDSON

## 4. DATE OF DEATH

Month

Day

Year

April 19, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-31-1923

## 9. AGE (last birthday)

38

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

8

18

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Gin operator

## 10b. KIND OF BUSINESS OR INDUSTRY

Cotton Gin

## 11. BIRTHPLACE (City and state or country)

Rector, Arkansas

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Vernice J. Davidson

## 13b. MOTHER'S MAIDEN NAME

Lorene Mott

## 14. NAME OF HUSBAND OR WIFE

Bertha Davidson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

\* \* \* \* \*

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Bertha Davidson, Rt. 1, Hayti, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Fractured skull

## INTERVAL BETWEEN ONSET AND DEATH

3 1/2 hours

Conditions, if any,  
which gave rise to  
above cause (e),  
stating the under-  
lying cause last.

## DUE TO (b)

automobile accident

## DUE TO (c)

crushing chest injury

3 1/2 hours

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

auto overturned landing on chest of Veaes Lavon Davidson

## 20c. TIME OF INJURY

Hour

Month

Day

Year

p.m.

4/18/62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway 84

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

Pemiscot, Mo.

## 21. I attended the deceased from

4/18/62

to 4/19/62

and last saw him alive on

4/19/62

## "Death" occurred at

1:00 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

William O. Bryant, M.D.

## 22b. ADDRESS

Hayti, Missouri

## 22c. DATE SIGNED

4-19-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4-21-62

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Ridge Cemetery

## 23d. LOCATION (City, town, or county)

Kemett, Missouri.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

John W. German Funeral Home, Hayti, Mo.

## 25. DATE RECD. BY LOCAL REG.

4-21-62

## 26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0781

2 0780

3 1

4 0

5 1

6

7 1

8 2

9 X

10

11 078

12 1-0

13 1-0

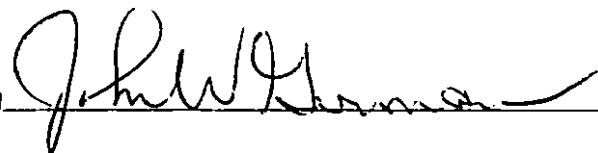
MAR 26 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4355

P. O. Address Hayti, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.